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EAST SUFFOLK COUNTY COUNCIL



ANNUAL REPORT
OF THE
County Medical Officer

1953

HEALTH DEPARTMENT
COUNTY HALL
IPSWICH



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To the Chairman and Members of the County Council.

MY LORDS, LADIES AND GENTLEMEN,

I have the honour to present to you the Annual Report on the health of the County of East Suffolk for the year 1953.

The report is prepared to conform generally with the requirements of the Minister of Health, and in this preamble I have confined myself to brief comments on some outstanding aspects of the report.

Administration.

The 1952 Report, in which the Special Survey Report was included in full, contained a precis of the construction of the committees dealing with public health matters. Consequent upon the dissolution of the Suffolk County Joint Mental Health Board and in accordance with the policy of the County Council, a reduction in sub-committees was effected. In relation to local health services, the Public Health Committee worked through two sub-committees instead of three, namely:—

(a) The Health Services Sub-Committee, dealing with all local health services, in the Boroughs of Aldeburgh, Beccles and Eye; the Urban Districts of Bungay, Felixstowe, Halesworth, Leiston, Saxmundham, Stowmarket and Woodbridge; and the Rural Districts of Blyth, Deben, Gipping, Hartismere, Samford and Wainford;

(b) The Lowestoft and District Sub-Committee for Health Services which acts as an Area Sub-Committee with the same functions (with the exception of the ambulance and mental health services) in the Boroughs of Lowestoft and Southwold, and the Rural District of Lothingland.

Otherwise, no changes in administration have occurred since the Special Survey Report was written and reported last year.

Staff.

It is with deep regret I record in this report the deaths of Mr. I. W. Fenn and Mr. D. W. Copperwheat, Assistant County Sanitary Officers on the County Council's staff. These two officers were killed by accident at an occupational railway crossing in the early hours of the morning of 8th January, 1954, while proceeding to take "appeal to cow" samples of milk.

Mr. Fenn joined the department as a junior clerk 22 years previously and had spent all his local government service in East Suffolk. His enthusiasm and efficiency were outstanding. He was a true public servant whose work meant much more than a job. He set himself a high standard of conduct and always lived up to it.

Mr. Copperwheat had been in East Suffolk nearly 4 years, having moved here from his home county in the south. He had succeeded in obtaining the confidence of those with whom he came into contact in his field work, and had established himself as an officer whose ability and integrity were never in doubt.

I cannot speak too highly of the services which these two officers gave, and the grievous loss the Council and the department sustained by their untimely departure.

East Coast Floods.

As will be remembered, a tidal surge occurring near the peak of a high tide caused flooding at various parts of the coast on the night of 31st January-1st February. A tragic loss of life occurred at Felixstowe and at Southwold,

whilst extensive flooding took place not only at these two resorts but also at Lowestoft, Kessingland Beach, Walberswick, Dunwich and Aldeburgh. In addition to these places, many acres of farm land were also flooded.

Most of the immediate work of rescuing and evacuating families fell upon the local authorities, and great credit is due to them and to the many voluntary helpers for the way in which they tackled the many problems involved.

The County Ambulance Service gave valuable assistance during the first hours of the disaster, and although it is invidious to single out any one Station, mention I think, should be made of the Southwold ambulance, which is manned by Red Cross personnel. This ambulance in attempting to rescue a family was swept away by the floods, and the driver and attendant escaped with their lives only with great difficulty.

In the days following the floods the County Welfare Services were available for the accommodation of the homeless, but Rest Centre accommodation had to be provided to a comparatively limited extent.

Vital Statistics.

This year shows a slight rise both in the total number of births and of deaths as compared with last year. The commonest causes of death, as to be expected in our ageing population, were cancer and heart disease.

Both the number of stillbirths and the infant mortality rate showed a decline. In the case of the infant mortality rate, which is often regarded as being the index of the health of a community, the rate per 1,000 live births is 18.6. This is not only the lowest ever recorded in East Suffolk, but is well below that for England and Wales. Whilst too much must not be read into a rate based on small numbers, it is nevertheless a matter of some gratification that such a figure has been achieved.

Health Visiting.

As visualised in last year's report, there has been a further step in the development of the health visiting service. The Committee accepted the principle that in rural areas the duties of a health visitor could be combined with those of home nursing and midwifery, and during the year two such appointments were filled. It is not every district nurse-midwife who is interested in the teaching of health education, and it will be necessary for a number of years to come for the whole-time health visitor and the health visitor with a combined appointment to work side by side. I feel sure, however, that provided one can appoint the right type of person the advantages of the combined appointment will not only be appreciated by the public, but also by the other workers in the National Health Service.

As a corollary to the principle of combined district nurse-midwife/health visitors, it was agreed that specialist health visitors should be made available to help the Chest Physicians at the Chest Clinics, and also to make the initial investigation where a case of tuberculosis was discovered. Two such appointments were approved, but neither had been filled by the end of the year.

Midwifery and Home Nursing.

The nurses in their capacity as midwives attended more cases than the previous year and more use was made of their recently obtained authority to administer pethidine to mothers.

The number of home nursing visits was fewer than last year, but an increasing number was to people over 65, and it is to be expected that the amount of home nursing will increase in the future.

During the year there was increasing evidence of the co-operation which has always existed between district nurse-midwives and general practitioners, for example, a number of practitioners attended by invitation the monthly group meetings of the district nurse-midwives, and took part in the discussions.

Vaccination and Immunisation.

During the year approval was sought from the Ministry of Health to make available immunisation against whooping cough, and this was received on 30th December, 1953. It was not proposed to introduce the service until April, 1954.

The immunisation against diphtheria and the vaccination figures showed little change from the previous year. No case of diphtheria was notified.

Ambulance Service.

During the year, in accordance with the County Council programme, five new ambulances were provided, three large and two small. Comparing the figures with the previous year there was a small reduction in the number of journeys and a small reduction in the total mileage. The number of patients carried shows an increase, but this may be to a certain extent due to a revised method of counting introduced by the Ministry during the year. On the other hand, the demand on the Hospital Car Service still continues to rise.

I would once again like to acknowledge the very efficient and whole-hearted co-operation of the voluntary personnel of the St. John Ambulance Brigade, the British Red Cross Society and the Hospital Car Service.

Prevention, Care and After-Care.

Excellent co-operation has been maintained at all levels in the tuberculosis field. As mentioned earlier, the appointment of two health visitors to work in closer co-operation with the Chest Physician was approved during the year.

Although the number of cases on the register shows a slight increase, the number of deaths fell considerably. This is in accordance with the general tendency throughout the country. Improved methods of investigation have helped to maintain the level of notifications, whilst improved methods of treatment and earlier diagnosis have made the outlook for those suffering from the disease a much more hopeful one. Of the methods of investigation the following up of family contacts of a proved case of the disease is the most important as this will not only possibly reveal the source of the infection, but will also help to prevent the spread of the disease from the actual case.

It is on these lines that we must work in the future. The Mass Miniature Radiography Unit from Norwich, which is administered by the East Anglian Regional Hospital Board, visited the County during the year and carried out a large number of examinations.

In addition to the work done in the prevention, care and after-care in the tuberculosis field, progress was made with improving the lot of the physically handicapped. This scheme which is administered under the

National Assistance Act, has demonstrated the advantages of health and welfare being administered in the one County Council department.

Home Help.

The pattern of the Home Help Service has changed slowly but significantly since it was first started three years ago. In the early days there was much enthusiasm on the part of mothers having domiciliary confinements applying for the services of a home help, but increases in the wages of the home helps has forced up the cost to the householders and this has had the effect of encouraging housewives to seek once again the help and good neighbourly assistance of friends and relatives. On the other hand, the number of old people existing on a low income in their own homes who require some form of help has increased as the shortage of beds has become acute on the one hand, and the value of the service has become known on the other. This means that many more long term cases require assistance and this, with the already mentioned increase in the wages of home helps, leads to an increasing charge on the rates. As has been stressed before, there are few services which can be said to give better "value for money."

Sanitary Circumstances of the Area.

As will be seen from the table in the body of the report, progress has been maintained in the provision of water and sewerage schemes throughout the County, though the rate of progress is still not as fast as one would like.

Infectious Diseases.

Apart from scarlet fever and a mild epidemic of measles, there is little to report. Infantile paralysis notifications were very few, and 1953 must be regarded as being a year in which the disease failed to become established in the County.

Epileptics and Spastics.

The Minister of Health has asked that the report should contain a short statement on the incidence of epilepsy and cerebral palsy, and this request has been complied with. The numbers of these two groups known to the Health Department is not very great, though it is possible that with the increased publicity in the national press which has appeared recently, more cases among those who have already left school will come to light.

Blind Persons.

The Minister of Health also asked for some figures in respect of blind persons, including particulars of any cases of retrolental fibroplasia. This is a condition occurring in premature children, often leading to total blindness, which has only just become recognised as a clinical entity in the last few years. It is gratifying that no cases have been discovered among East Suffolk babies.

Welfare Services.

In previous years a fairly detailed survey was made of the welfare services administered by the Health Department. There have been no fundamental changes in the welfare work and the emphasis has been on co-operation between all field workers of the department and, in turn, between the department's staff and voluntary organisations.

The provision of sufficient accommodation for persons in need of care and attention continues to be a formidable problem and at the same time there has been a considerable increase in the domiciliary welfare work. The development of "all purpose" welfare officers who, by qualification and experience are competent to deal with many different types of social welfare problems, has enabled us to meet a greatly increased amount of work without any corresponding increase in the number of staff.

The Welfare Services do not normally form part of the Annual Report of a County Medical Officer, but as they are administered by the Health Committee it is felt some reference should be made to them.

Although this is the second Report to bear my name, it is the first one in relation to a complete year for which I have had the privilege of being County Medical Officer. I would therefore like to conclude by expressing my deep appreciation of the kindness and co-operation shown me by the Chairman and members of the Health Committee and by many of my colleagues in the Local Government Service of East Suffolk. I would also like to record the very great help which has been given by the Administrative Deputy and County Welfare Officer, Mr. L. J. Bowling, and, indeed, all the staff of the Health Department whether engaged in the central office or in the field.

I have the honour to be,

Your obedient Servant,

S. T. G. GRAY,

County Medical Officer.

HEALTH DEPARTMENT,
COUNTY HALL,
IPSWICH.

October, 1954.

GENERAL STATISTICS.

Area : 548,608 acres (*Census*, 1951).

547,397 acres.

Population 1953 : 218,500 (As estimated by the Registrar-General).

Population, Census 1951: 217,061.

Number of inhabited houses: Census 1931, 52,513.

Number of families or separate occupiers: Census 1931: 53,933

Rateable Value : £1,166,210 (*year beginning* 1st April, 1953).

Estimated product of a penny rate : £4,703 (*year beginning* 1st April, 1953).

TABLE I.

Extracts from Vital Statistics for the Year.

<i>Live Births</i> :	<i>M.</i>	<i>F.</i>	<i>Total.</i>	
Legitimate	1,601	1,440	3,041	} Birth rate per 1,000 of estimated population :— 14.7.
Illegitimate	87	93	180	
Total live births	1,688	1,533	3,221	
<i>Stillbirths</i> :				
Legitimate	32	37	69	} Rate per 1,000 total births (live and still- births) :—21.6.
Illegitimate	2	—	2	
Total stillbirths	34	37	71	
<i>Deaths</i> :	1,375	1,274	2,649	} Crude death rate per 1,000 of estimated popu- lation :—12.1.

	No. of Deaths.	Rate per 1,000 total births.
<i>Deaths from Puerperal Causes</i> :	2	0.61

Deaths of infants under one year of age:

	<i>M.</i>	<i>F.</i>	<i>Total.</i>
Legitimate ...	31	24	55
Illegitimate ...	3	2	5
Total ...	34	26	60

Deaths from Measles (all ages)	....	....	....	....	—
„ Whooping Cough (all ages)	....	....	....	....	—
„ Diarrhoea, Gastritis and Enteritis (under 2 years of age)	....	....	....	....	3
„ Cancer (all ages)	....	....	....	....	442
Cancer Death Rate per 1,000 population	....	....	....	....	2.02
Tuberculosis Death Rate per 1,000 population	....	....	....	....	0.15

TABLE II.

BIRTHS.

(Still Births are excluded).

Year.	Total.	Birth Rate per 1,000 Population.			
		Urban.	Rural.	Administra- tive County.	England and Wales.
1950	3292	15.3	15.2	15.2	15.8
1951	3326	14.7	15.6	15.2	15.5
1952	3139	14.7	14.1	14.4	15.3
1953	3221	14.9	14.5	14.7	15.5

TABLE III.

ILLEGITIMATE BIRTHS.

(Still Births are excluded).

Year.	Total.	Birth Rate per 1,000 Population.		
		Urban.	Rural.	Administra- tive County.
1950	167	0.8	0.7	0.77
1951	171	0.7	0.8	0.78
1952	181	0.8	0.8	0.8
1953	180	0.8	0.8	0.8

TABLE IV.

DEATHS.

Year.	Total.	Death Rate per 1,000 Population.			
		Urban.	Rural.	Administra- tive County.	England and Wales.
1950	2639	12.7	11.8	12.2	11.6
1951	2873	14.2	12.3	13.1	12.5
1952	2563	11.8	11.6	11.7	11.3
1953	2649	12.5	11.8	12.1	11.4

TABLE V.
MATERNAL MORTALITY.
DEATHS FROM PUERPERAL CAUSES.

Year.	Total	Death Rate per 1,000 total births
1950	1	0.28
1951	1	0.29
1952	1	0.31
1953	2	0.61

TABLE VI.
INFANT MORTALITY RATE.
DEATHS OF CHILDREN UNDER ONE YEAR.

Year.	Total.	Rate per 1,000 Live Births.			
		Urban.	Rural.	Administra- tive County.	England and Wales.
1950	78	25	23	24	30
1951	95	27	29	28	30
1952	81	25	26	26	27.6
1953	60	24	14	18.6	26.8

TABLE VII.
INFANT MORTALITY OVER FIVE-YEARLY PERIODS.

Quinquennium.	Number of Live Births.	Number of Deaths.	Infant Mortality Rate per 1,000 Live Births.
1944	3,555	122	30.7
1945	3,462	117	
1946	3,919	131	
1947	4,295	140	
1948	3,762	74	
1949	3,497	95	24.8
1950	3,292	78	
1951	3,326	95	
1952	3,139	81	
1953	3,221	60	

TABLE VIII.

CAUSES OF DEATH IN EACH DISTRICT.

CAUSE OF DEATH.	URBAN DISTRICTS.										RURAL DISTRICTS.							Grand Total				
	Aldeburgh	Becles	Bungay	Eye	Felixstowe	Halesworth	Leiston	Lowestoft	Saxmundham	Southwold	Stowmarket	Woodbridge	Total	Blyth	Deben	Gipping	Hartismere		Lothingland	Samford	Wainford	Total
All causes	32	82	41	138	210	30	53	424	26	32	69	65	1202	259	339	254	175	149	198	73	1447	2649
1. Tuberculosis, respiratory		7				6			2	1	16		3	2		1	2		8	24
2. Tuberculosis, other					1						1	2	3	1	1		1	1	9	10
3. Syphilitic disease			1			2					3		2	2			1		5	8
4. Diphtheria											—								—	—
5. Whooping cough											—								—	—
6. Meningococcal infections											1								—	1
7. Acute poliomyelitis											—	1						1	1	1
8. Measles											—								—	—
9. Other infective and parasitic diseases	...				1			1					2	1	1	1	1	1			5	7
10. Malignant neoplasm, stomach	...	3	2	2	5	1	5	13				1	32	6	8	3	3	7	2	1	30	62
11. Malignant neoplasm, lung, bronchus	...	3		4	1			11		3	2	1	25	1	10	14	4	5	3	2	39	64
12. Malignant neoplasm, breast	...	1	2	2	4			8		1		2	20	2	7	4	5	2	3	1	24	44
13. Malignant neoplasm, uterus	...	1		1				4	1	1			8	1	4		2				7	15
14. Other malignant and lymphatic neoplasms	...	9	5	15	17	2	4	46	3	7	7	4	120	21	25	32	17	14	24	4	137	257

[illegible]

TABLE IX.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE.

CAUSES OF DEATH.	SEX.	AGGREGATE OF URBAN DISTRICTS.							AGGREGATE OF RURAL DISTRICTS.										
		All Ages	0—	1—	5—	15—	25—	45—	65—	75—	All Ages	0—	1—	5—	15—	25—	45—	65—	75—
ALL CAUSES	M	600	18	7	6	3	26	121	197	222	775	16	2	7	9	34	143	206	358
	F	602	17	10	7	1	24	72	146	325	672	9	2	3	7	15	118	187	331
1. Tuberculosis, respiratory	M	11					3	4	4		5					4	2	1	1
	F	5					1	3	1		3								
2. Tuberculosis, other	M	1						1			5		1			2	1	1	
	F	—							1	1	4			1	1	2	2	2	1
3. Syphilitic disease	M	2									3					1			
	F	1									2								
4. Diphtheria	M	—									—								
	F	—									—								
5. Whooping Cough	M	—									—								
	F	—									—								
6. Meningococcal infections	M	1	1								—								
	F	—									—								
7. Acute poliomyelitis	M	—									1					1			
	F	—									—								
8. Measles ...	M	—									—								
	F	—									—								
9. Other infective and parasitic diseases	M	2							2		4	1				1	1	1	1
	F	—									1								
10. Malignant neoplasm, stomach	M	19					2	6	8	3	17					1	7	3	6
	F	13						2	4	7	13					1	3	4	6
11. Malignant neoplasm, lung, bronchus	M	16						7	9		34					1	19	10	4
	F	9						4	1	4	5					1	1	2	1
12. Malignant neoplasm, breast	M	20					3	5	7	5	24					1	13	8	2
	F	8					1	3	2	2	7					1	2	4	
13. Malignant neoplasm, uterus	M	67						16	29	22	79					2	12	33	31
14. Other malignant and lymphatic neoplasms	M	53		1			3	13	16	20	58			1	1	2	19	19	19
	F	2						2	1		2								
15. Leukaemia aleukaemia	M	3						1			1								
	F	—									—								

[illegible]

II.

STAFF.

Medical Staff.

County Medical Officer: S. T. G. Gray, M.B., Ch.B., D.P.H.

Assistant County Medical Officers:

M. A. Dawson, M.B., Ch.B., D.P.H.
 A. C. Gee, M.R.C.S., L.R.C.P., D.P.H.
 K. M. Harding, M.D., D.P.H.
 C. H. Imrie, T.D., M.B., Ch.B., D.P.H.
 J. B. Kershaw, M.B., Ch.B., D.P.H.
 I. Sim, M.B., Ch.B., D.P.H.
 E. A. Parkinson, M.B., Ch.B., D.P.H. (part-time).
 G. E. Pryce, M.B., Ch.B., B.A.O. (part-time).

Consultant Chest Physicians:

C. J. Stewart, M.D., B.S., D.Obst.R.C.O.G.
 I. M. Young, M.B., Ch.B.

Administrative Deputy to County Medical Officer and County Welfare Officer:

L. J. Bowling.

Nursing Staff.*County Nursing Officer:*

Miss M. Vaughan Jones., S.R.N., S.C.M., H.V. Cert.

Deputy County Nursing Officer:

Miss M. T. Connaughton, S.R.N., S.C.M., H.V. Cert. (resigned 7.11.53).

Health Visitors:

At the end of the year, the staff of Health Visitors was 18 whole-time (2 of whom were holding combined appointments as district nurse/midwife-health visitor), and 2 part-time.

District Nurse/Midwives:

At the end of the year, 69 district nurse/midwives (including 2 who were also district nurse/midwives-health visitors), and 8 district nurses were being employed.

County Sanitary Staff.

County Sanitary Officer (seconded to Clerk of Council's Department as Officer in charge of Water Supplies and Sewerage Section):

A. E. Chapman, F.S.I.A.

Assistant County Sanitary Officers: I. W. Fenn, M.S.I.A.
 D. W. Copperwheat

Dental Staff.

Senior Dental Officer; C. D. Macpherson, L.D.S.

Dental Officers; J. E. Benfield, L.D.S.

Miss J. Hepburn, L.D.S.

Miss V. H. Sim, L.D.S. (resigned 1.3.53).

Mrs. H. A. Bell, L.D.S. (from 2.3.53).

District Medical Officers of Health.*Boroughs and Urban Districts:*

Aldeburgh	...	Dr. C. H. Imrie.
Beccles ...	...	Dr. J. B. Kershaw.
Bungay ...	...	Dr. J. B. Kershaw.
Eye ...	...	Dr. M. A. Dawson.
Felixstowe	...	Dr. C. H. Imrie.
Halesworth	...	Dr. J. B. Kershaw.
Leiston ...	...	Dr. J. B. Kershaw.
Lowestoft	...	Dr. A. C. Gee.
Saxmundham	...	Dr. D. W. Ryder Richardson.
Southwold	...	Dr. A. C. Gee.
Stowmarket	...	Dr. M. A. Dawson.
Woodbridge	...	Dr. C. H. Imrie.

Rural Districts:

Blyth ...	...	Dr. J. B. Kershaw.
Deben ...	...	Dr. C. H. Imrie.
Gipping ...	...	Dr. M. A. Dawson.
Hartismere	...	Dr. M. A. Dawson.
Lothingland	...	Dr. A. C. Gee.
Samford	...	Dr. M. A. Dawson.
Wainford	...	Dr. J. B. Kershaw.

III.**NATIONAL HEALTH SERVICE ACT, 1946.****Section 21—Health Centres.**

Action under this Section remains in a state of suspended animation, and there is nothing further to report at present.

Section 22—Care of Mothers and Young Children.

Infant Welfare Centres.

The policy of up-grading Weighing Centres to Infant Welfare Centres was implemented, and during the year, the attendance of a doctor was arranged at all the Centres listed below.

TABLE X.
Infant Welfare Centres.

Twice weekly.	Weekly.	Twice monthly.
Lowestoft (i) (a)	Aldeburgh Beccles Bungay Felixstowe (i) (a) do. (ii) Stowmarket (a) Woodbridge (a) Lowestoft (ii) (a) do. (iii)	Bramford (a) Brantham (a) Claydon Eye Halesworth Kesgrave Leiston Wrentham Yoxford

(a) Centre also functions as ante-natal and post-natal clinic.

Monthly.

Belton	Laxfield
Blundeston	Lt. Bealings
Carlton Colville	Lound
Charsfield	Metfield
Chelmondiston	Nacton
Copdock	Needham Market
Corton	Newbourne
Debenham	Otley
Earl Soham	Peasenhall
Farnham	Saxmundham
Framlingham	Somerleyton
Friston	Somersham
Grundisburgh	Southwold
Hollesley	Waldringfield
Kessingland	Wattisham R.A.F. Camp
Kirton	Wenhaston
	Wickham Market

Summary of Attendances for 1953.

INFANT WELFARE CENTRES.

<i>Centres provided.</i>	<i>Sessions per month.</i>	<i>No. of Children attending during year.</i>	<i>Total number of attendances made.</i>
50	102	4,417	26,943

ANTE-NATAL AND POST-NATAL CLINICS.

<i>Clinics provided.</i>	<i>Sessions per month.</i>	<i>No. of Women attending during year.</i>	<i>Total number of attendances made.</i>
7	14	179—A 18—P	543—A 19—P

A=*ante-natal*. P=*post-natal*.

The valuable help of the voluntary workers who support these Infant Welfare and Weighing Centres is again gratefully acknowledged.

The Rhesus Factor.

In co-operation with the National Blood Transfusion Laboratory, arrangements for the examination of specimens of blood from expectant mothers attending ante-natal clinics continued, and reports were received on 46 specimens submitted.

Care of Unmarried Mothers and their Children.

Under arrangements made with the Moral Welfare Associations responsibility was accepted for the maintenance in Mother and Baby Homes of 33 unmarried mothers and they were admitted as under:—

St. Paul's Lodge, Gt. Yarmouth	...	...	...	7
Sunnedon House, Coggeshall	...	...	...	7
Princess Alice Mother and Baby Home, Sydenham	...	...	...	5
Bedford Girls' Home, Bedford	...	...	...	5
Heigham Grove, Norwich	...	...	...	1
Ely Diocesan Home, Cambridge	...	...	...	1
Salvation Army Home, Birmingham	...	...	...	1
Heworth Moor House, Yorkshire	...	...	...	1
Salvation Army Home, Lower Clapton	...	...	...	1
St. Joseph's Lodge, Grayshott, Surrey	...	...	...	1
Church Army Hostel, Paddington	...	...	...	1
Salvation Army Home, Hackney	...	...	...	1
Valley House, Needham Market	...	...	...	1

Care of Premature Infants.

Arrangements for the follow-up of those babies notified as premature, as recommended in Circular 20/44, continued to be satisfactory in all respects. 177 premature live-births were notified, of whom 72 were born at home. 10 of these babies were transferred to hospital for treatment, and 7 of them survived beyond 28 days. The remaining 62 were nursed at home, and 55 of them survived.

Dental Care.

In the dental clinic at Lowestoft a limited amount of dental treatment has been provided for expectant/nursing mothers and pre-school children, and a summary of this is shewn.

No expansion of this work by the Council's staff can be envisaged. There has been no response to repeat advertisements for Dental Officers, and the dental staff are more than fully engaged in dealing with the treatment of school children.

TABLE XI.

Numbers provided with dental care.

	Examined	Needing treatment	Treated	Made dentally fit
Expectant/Nursing Mothers	8	8	8	4
Children under 5 ...	73	70	67	41

Forms of dental treatment provided.

	Extractions	Anaesthetics		Fillings	Scalings or gum treatment	Silver Nitrate treatment	Dressings	X-rays	Dentures provided	
		Local	General						Complete	Partial
Expectant/Nursing Mothers	21	—	7	2	2	—	—	—	—	1
Children under 5	85	—	42	21	—	22	6	—	—	—

Section 23—Midwifery.

During the year, the Council's nurse-midwives attended 994 patients as midwives, and 761 patients as maternity nurses.

Medical aid under the Midwives' Act was summoned in 94 cases.

Gas/Air Analgesia.

Analgesia was administered at 1,410 domiciliary confinements; in 729 cases by midwives acting in that capacity and in 681 cases by midwives acting as maternity nurses.

Pethidine was given to 454 patients by midwives acting as such, and to 495 patients by midwives acting as maternity nurses.

Housing Programme.

In 1953, the first double-flatted midwives' house, projected in the 1950/51 programme, was completed and occupied.

Progress was still slow with the other plans, however, and no other actual building work had been commenced at the end of the year.

Women's Welfare Clinic.

The number of patients attending the clinic provided in co-operation with the County Borough of Ipswich remained about the same; 74 women visited for the first time during the year, and total attendances numbered 189.

At the two clinics in Lowestoft—Connaught House and Southwell Road—conducted by Dr. Sim, Assistant County Medical Officer, 96 patients made 159 attendances during the year.

Nurseries and Child Minder's Regulations, Act, 1948.

Nothing occurred during the year which called for attention under this Act.

Registration of Nursing Homes.

There were no alterations or amendments to the number of registered nursing homes during the year, and the position at 31st December was:—

<i>Name.</i>	<i>Number of beds available.</i>		
	<i>Maternity</i>	<i>Other</i>	<i>Total</i>
St. Monica's, Felixstowe	1	—	1
Chatsworth, Felixstowe ...	—	26	26
Savile Court, Felixstowe	—	6	6
Orme House, Lowestoft	2	7	9
Field Stile, Southwold ...	—	8	8
Lyncote, Felixstowe ...	2	—	2
	—	—	—
	5	47	52
	—	—	—

Section 24.—Health Visiting.

TABLE XII.

Summary of visits made (excluding School Health Service visits).

	<i>1st Visit.</i>	<i>Total Visits.</i>
Expectant mothers	435	829
Children under 1 ...	3,435	20,870
Children over 1 but under 2	—	10,220
Children over 2 but under 5	—	20,553
Tuberculosis households	—	2,862
Other visits ...	...	1,037

56,371

Student Health Visitors.

The student who was on a combined health visitor-district nurse/midwife course at the end of 1952 successfully completed her studies, and took up duties in the county in mid-1953.

No other scholarships were granted during the year.

Section 25. Home Nursing.

Except in Lowestoft where 8 nurses were employed whole-time in this service, home nursing was provided by the district nurse/midwives.

TABLE XIII.

Summary of visits made.

	<i>Patients attended.</i>	<i>Total visits.</i>
Medical ...	3,750	83,049
Surgical ...	1,689	25,047
Infectious Diseases ...	2	2
Tuberculosis ...	42	601
Maternal complications ...	64	367
Other ...	96	1,058

110,121

It is perhaps of passing interest to note that about two-thirds (3,574 out of 5,643) of the total number of patients visited, and about one-third (39,230 out of 110,124) of the total number of visits made were in respect of patients aged 65 or over.

Section 26—Vaccination and Immunisation.

Vaccination.

TABLE XIV.

Number of Persons Vaccinated (or Re-vaccinated) during year.

<i>Age at date of vaccination.</i>	<i>Under 1</i>	<i>1</i>	<i>2-4</i>	<i>5-14</i>	<i>15 or over</i>	<i>Total.</i>
Primary ...	1,073	546	93	61	97	1,870
Re-vaccination	—	—	22	77	340	439

Diphtheria Immunisation.

TABLE XV.

Number of children at 31st December 1953 who had completed a course of immunisation at any time before that date (i.e. at any time since 1st January, 1939).

Age at 31.12.53 i.e., born in year	Under 1 1953	1—4 1952-49	5—9 1948-44	10—14 1943-39	Under 15 Total
Last complete course of in- jections (primary or booster)					
A. 1949-1953 ...	200	9,581	11,753	3,033	24,567
B. 1948 or earlier ...	—	—	1,844	2,207	4,051
Estimated mid-year child population ...	3,090	13,510	34,300		50,900

In an endeavour to obtain a more accurate forecast of the number of children protected, the analysis of figures of children immunised during and before 1953 was amended to the form as shewn above. The figures shewn against 'A' represent all children who have received protective treatment, whether by primary or booster inoculation, during the five years, 1949-1953 inclusive. The figures in column 'B' shew all other children still under 15 who have had protective treatment at some time between 1939 and 1948.

Section 27—Ambulance Service.

TABLE XVI.

Ambulances.

Summary of Mileage, Journeys and Patients Carried.

<i>Month.</i>		<i>Total Miles.</i>	<i>No. of Journeys.</i>	<i>No. of Patients Carried.</i>
January	...	20,497	666	1,296
February	...	17,712	611	1,240
March	...	20,665	609	1,452
April ...	...	19,928	632	1,191
May ...	...	17,913	596	1,195
June ...	...	19,575	594	1,189
July ...	...	18,557	657	1,250
August	...	19,213	627	1,249
September	...	18,571	554	1,153
October	...	18,499	625	1,336
November	...	19,896	628	1,612
December	...	19,816	660	1,476
		<hr/> 230,842 <hr/>	<hr/> 7,459 <hr/>	<hr/> 15,639 <hr/>

TABLE XVII.

Hospital Car Service.

Summary of Mileage, Journeys and Patients Carried.

<i>Month.</i>	VOLUNTARY CAR POOL.			C.C. SITTING CASE CAR.		
	<i>Total Miles.</i>	<i>No. of Journeys.</i>	<i>No. of Patients Carried.</i>	<i>Total Miles.</i>	<i>No. of Journeys.</i>	<i>No. of Patients Carried.</i>
January	30,900	799	1,098	1,434	66	116
February	28,075	686	964	1,524	70	124
March	28,257	712	1,020	1,431	71	135
April ...	33,338	737	1,029	1,241	39	57
May ...	31,266	775	1,057	3,231	96	171
June ...	29,876	754	1,020	2,747	95	145
July ...	36,618	875	1,231	4,454	127	204
August	29,860	726	1,022	2,838	105	145
September	34,936	845	1,706	3,083	104	165
October	31,818	836	1,172	4,028	98	166
November	31,886	867	1,220	1,974	60	77
December	33,014	905	1,213	2,933	80	114
	<hr/> 379,844 <hr/>	<hr/> 9,517 <hr/>	<hr/> 13,752 <hr/>	<hr/> 30,918 <hr/>	<hr/> 1,011 <hr/>	<hr/> 1,619 <hr/>
Total Mileage ...	...	...	...	410,762		
„ Journeys	...	...	...	10,528		
Average Monthly Mileage	...	...	...	34,230		
„ Miles per Journey	...	...	...	39		

Section 28—Prevention of Illness, Care and After-care.

TABLE XVIII.

Tuberculosis Register, 1953.

			<i>Pulmonary</i>	<i>Non-pulmonary</i>
Cases on Register at 1.1.53	...	...	857	383
New (Primary) Notifications during 1953	...	...	98	39
Inward transfers and cases restored to register in 1953			50	2
			<hr/>	<hr/>
	Total	...	1005	424
<i>Cases written off register in 1953:</i>				
			<i>Pulmonary</i>	<i>Non-pulmonary</i>
Non-tuberculous	...	...	5	8
Died	...	...	30	7
Recovered	...	...	24	45
Removed or lost sight of			55	12
			<hr/>	<hr/>
	Total	...	114	72
			<hr/>	<hr/>
			114	72
			<hr/>	<hr/>
Cases remaining on register at 31.12.53	...	...	891	352
			<hr/>	<hr/>

B.C.G. Vaccination.

Although it has not been possible to make a start with the proposals to offer vaccination to school leavers, this was being kept under active review.

Meanwhile, the Consultant Chest Physicians continue to expand their use of this method of protection in selected cases which come under their care, and 197 persons were successfully vaccinated during the year.

Provision of Milk.

At 31st December, 104 patients (51 in Lowestoft) were being helped under the scheme for the provision of one pint of milk daily free to tuberculosis patients on recommendations made by the Consultant Chest Physicians or the Council's health visitors.

Provision of Nursing Equipment.

There is evidence to shew that the medical loan depots in various parts of the county continue to satisfy a demand for home nursing equipment, and the good work of the voluntary organisations who man these depots is gratefully acknowledged.

Section 29. Home Help Service.

Comment has been made in the preamble about this service, the growth of which continues and the cost of which mounts, despite the fact that each case is carefully scrutinised initially and reviewed at regular intervals.

No changes have been made in the administrative procedure, which is conducted from headquarters and from the Area Office at Lowestoft, and no hole-time Home Helps have been employed.

At 31st December, 187 part-time workers were being employed in the service, an increase of 61 over the previous year, and the types of cases to which assistance has been given is as follows:—

(i) Maternity (including expectant mothers)	...	219
(ii) Tuberculosis	... ..	12
(iii) Chronic sick including aged and infirm	...	284
(iv) Other	... ..	58

Sections 28 and 51—Mental Health.

Administration.

The Suffolk County Joint Mental Health Board who had, since the 5th July, 1948, performed the functions relating to mental health which devolve upon the County Councils of both East and West Suffolk was dissolved on the 31st March, 1953, when the duties reverted to each County Council. No special Sub-Committee to deal with the work relating to mental health has been appointed in East Suffolk, and the work has been delegated to the existing Health Services Sub-Committee of the Health Committee.

Staff.

The male Welfare Officers of the County Council are appointed as Duly Authorised Officers under the Lunacy and Mental Treatment Acts. Members of the staff of the Health Department are also authorised to act and do so when a welfare officer is not available. The work of visitation and home teaching under the Mental Deficiency Acts is also carried out by the welfare officers.

A qualified supervisor is employed at the Lowestoft Occupation Centre.

Co-ordination with Regional Hospital Boards and Hospital Management Committees:

The following arrangements obtain:—

1. With the Management Committee of the Royal Eastern Counties Hospital, which is in the area of the North-East Metropolitan Regional Hospital Board, for the supervision by the officers of the Council of patients on licence from the institution and for the provision of the necessary reports upon the home circumstances of patients.

2. With the East Anglian Regional Hospital Board for the supervision of patients on licence from institutions in the Hospital Board's area and for the provision of reports on home circumstances.

Admissions to Mental Hospitals.

During the year the Duly Authorised Officers attended on the admission of 145 patients to mental hospitals as follows:—

Under the Lunacy Act:

On certification	... ..	74
On three-day Orders under Section 20	...	17

Under the Mental Treatment Act:

As voluntary patients	... ..	53
As a temporary patient	... ..	1

The Duly Authorised Officers have given help in a number of cases discharged from mental hospitals where it was felt that after-care and assistance in coping with the problems involved in returning to normal community life were necessary.

Mental Deficiency Acts.

Admissions to Institutions.

During the year arrangements were made for the admission to institutions of 11 male and 7 female patients. The numbers remaining on the waiting list on the 31st December, 1953, were 32 males and 23 females.

During the year 8 males and 8 females were admitted for periods of temporary care.

Supervision.

The numbers under supervision on 31st December, 1953, were as follows:—

		<i>Males</i>	<i>Females</i>
Statutory Supervision ...	...	133	124
Friendly Supervision ...	...	48	37

Occupation Centres.

The Lowestoft Occupation Centre continues most successfully as a full-time one with meals provided by arrangement with the Local Education Authority. At the end of the year there were 11 boys and 9 girls in attendance.

Two girls and one boy were attending the Ipswich Occupation Centre by arrangement with the Ipswich Mental Welfare Association.

Home Training.

On 31st December 1953 11 males and 45 females were receiving home training.

The training class at Ipswich continues to be held on alternate Wednesday afternoons and at the end of the year it was attended by 1 boy and 17 girls.

Ascertainment.

During the year 41 new cases (31 males and 10 females) were ascertained.

Guardianship.

There are 2 males and 3 females of East Suffolk origin under Guardianship.

IV.

SANITARY CIRCUMSTANCES OF THE AREA.

Water Supply and Sewerage.

The following section dealing with water supply and sewerage schemes has been prepared by the County Sanitary Officer, who is responsible for examining and reporting on such schemes to the County Council.

Restrictions on capital expenditure have not been relaxed and, in consequence, progress generally, both with regard to the approval of schemes and the development of approved schemes, has been slow.

In one district, however, namely, Blyth Rural District, very considerable progress has been made.

Water Supply.

The sites of headworks for all the rural districts have been fixed and the yields of the borewells tested.

It has been found that the total yield of the public supplies is nearly 14 million gallons a day and the estimated ultimate demand (30 years) is less than $7\frac{3}{4}$ million gallons a day.

The following table shows the progress that has been made in the several rural districts of the county, and also the amount remaining to be done.

TABLE XIX.

District	Length of Water Mains in Miles.				
	Pre 1945	1946 to 1953	Approved Proposals	Total for Completed Scheme	Percentage of final scheme completed
Blyth	12	80	64	156	59
Deben (incl. Stat. areas)	85	75	14	174	92
Gipping	35	11	136	182	25
Hartismere	65	85	60	210	71
Lothingland (incl. Stat. areas)	23	5	48	76	37
Samford	13	24	54	91	41
Wainford	5	19	66	90	27
Totals	238	299	442	979	55

In addition to the above mains, a water tower has been completed at Pettistree and others are under construction at Sibton, Blythburgh, Framlingham, Dennington, Saxmundham and Shadingfield. An additional borewell has been constructed at the Tuddenham headworks in the Deben Rural District, and the pumping station at Walpole for the Blyth Rural District Regional Scheme is now nearly completed.

The north-east and south-east regional scheme of the Deben Rural District was completed early this year and it was officially opened on the 10th June.

Sewerage.

Progress with the various sewerage schemes has also been very slow. Only two schemes were under construction during 1953, namely, Shotley in Samford R.D. and Alderton in Deben R.D., both of which are expected to be completed early in 1954.

Some progress has, however, been made with the preliminaries for several other schemes, as can be seen from the following summary; this shows the present position with regard to the 30 schemes scheduled in the priority programme of sewerage proposed to be done during the period 1951-1955.

Scheme.	State of Progress.
Mendlesham—Hartismere Kessingland, Stage I (part) } Lothingland Bradwell	Completed.
Alderton—Deben Shotley—Samford	Under construction. (Almost completed).
Fressingfield and Weybread—Hartismere	Starting date granted for 1954.
Melton—Deben Bramford } Debenham } Gipping Needham Market } Stowupland } Brantham } East Bergholt } Samford Holbrook } Sproughton } Hopton } Kessingland, Stage I (remainder) } Lothingland Wrentham }	Fully approved and awaiting starting dates.
Framlingham (s.d. works) } Kelsale } Blyth	Awaiting result of Ministry Inquiry.
Haughley—Gipping Botesdale } Hoxne } Hartismere Palgrave } Yaxley } Carlton Colville—Lothingland	Awaiting Ministry Inquiry.
Thorpeness—Blyth Kesgrave and Martlesham } Kesgrave and Rushmere } Deben Grundisburgh } Chelmondiston—Samford	Schemes not yet submitted.

In addition, the extension and reconstruction of the Bungay Sewage Disposal Works has been completed and these works are now in full operation.

It is hoped that some improvement in the conditions which govern the issue of approvals may soon take place so that quicker progress can be made with water schemes and that sewerage facilities may be afforded to many parishes in which they are so sorely needed.

Housing.

Details of some of the work of the Rural Districts is given in Table XX. Demolition of unfit dwelling houses has increased considerably and, as might be expected, the number of houses dealt with in this manner is greater than in any year since 1945.

TABLE XX.

Summary of Housing Activities of Rural Districts in East Suffolk.

	Rural District.						
	Blyth.	Deben.	Gipping.	Hartismere	Lothingland	Samford.	Wainford.
A. Existing Houses.							
(1) Houses inspected for all purposes ...	324	213	203	121	119	52	93
(2) Houses in which sanitary defects were found ...	198	196	58*	98	100	14	93
(3) No. of dwellings in respect of which Statutory notice served under Public Health Act ...	1	—	2	2	5	5	4
(4) No. of dwellings in respect of which Statutory Repair Notices served under Housing Acts ...	—	—	—	—	1	—	—
(5) No. of dwellings in respect of which Demolition Orders were made either as—							
(a) Individually unfit ...	—	8	2	10	3	10	—
(b) In Clearance areas ...	—	3	—	—	—	—	—
(6) No. of houses demolished in pursuance of Orders made under either 5(a) or 5(b) above ...	—	5	2	7	10	6	6
(7) Houses occupied on 31.12.53 in respect of which Demolition or Clearance Orders have been made ...	69	24	7	4	10	6	56
(8) Overcrowding							
No. of dwelling houses overcrowded at end of year ...	7	No record	33	No record	No record	—	No record
No. of cases of overcrowding reported during year ...	5	—	4	—	—	—	—
No. of cases of overcrowding relieved during year ...	5	1	1	—	4	—	28
B. New Houses.							
(1) No. of New Houses completed by Local Authorities during 1953 ...	58	178	42	52	78	68	81
(2) Total No. of permanent houses and flats owned by Councils on 31.12.53	747	958	904	733	522	435	359
(3) Housing Act, 1949							
No. of applications for grants ...	16	7	5	13	4	3	—
No. of applications approved during year ...	9	7	3	13	2	3	1

* Serious defects only.

Inspection and Supervision of Food.

Food and Drugs.

Formal samples of food, including drugs but excluding milk, submitted for analysis during the year numbered 241. Of these, 18 were found not to be satisfactory, particulars of which are as follows:—

1. *Butterscotch*—10% deficient in butterfat. Wholesaler and vendor warned.
2. *Mincemeat*—2% deficient in soluble solids. Manufacturer warned.
3. *Evaporated Full Cream Milk*—5% deficient in equivalent pints. Ministry of Food advised.
4. *Coconut Butters*—no butterfat content. Wholesaler and vendor warned.
5. *Bronchial Drops*—no disclosure of ingredients. Pharmaceutical Society advised.
6. *Lemon Flavouring*—oil of lemon absent. Vendor advised.
7. *Evaporated Full Cream Milk*—unfit for human consumption. Manufacturer advised.
8. *Evaporated Full Cream Milk*—unfit for human consumption. Manufacturer advised.
9. *Cream Lolli-lick*—no declaration of ingredients. Manufacturer warned.
10. *Butterscotch*—at least 92% deficient in butterfat. Vendor warned.
11. *Sherbert Dip*—contained 72% insoluble matter. Manufacturer warned.
12. *Evaporated Full Cream Milk*—1% deficient in milk fat. Ministry of Food advised.
13. *Lard*—acid value exceeded. Sample rancid. Legal proceedings. Defendant fined £5.
14. *Pork Sausages*—4% deficient in meat. Contained preservative. Vendor warned.
15. *Pork Sausages*—8% deficient in meat. Contained preservative. Vendor warned.
16. *Afternoon Tea Cake Mixture*.—inaccurate label. Manufacturer warned.
17. *Dripping*—free fatty acids 0.55%. Slightly rancid—inferior quality. Manufacturer warned.
18. *Red Indian Germ Ointment*—no disclosure of ingredients. Manufacturer warned.

Forty-nine informal samples were also procured; those found unsatisfactory were as follows:—

1. *Butterscotch Pieces*—2.5% deficient in butterfat. Food & Drugs Authority where manufactured informed.
2. *Chocolate Lollipop*—ingredients not disclosed. Manufacturer informed.
3. *Ice Cream*—37.5% deficient in fat. Formal sample taken and proved genuine.
4. *Tincture of Iodine*—4% excess of potassium iodide. Manufacturer advised.
5. *Buttered Rolls*—butter contained margarine. Retailer warned.

Pharmacy and Medicines Act, 1941.

A few minor contraventions were discovered during the year and were dealt with informally either by warning the vendor or manufacturer, or referring to the Pharmaceutical Society.

Milk.

Production—General.

There was a further reduction in the number of Registered Dairy Farms during the year—the number so registered at the end of the year being 1,457, i.e., 106 less than at the end of 1952.

The number of Licensed Tuberculin Tested producers increased from 694 to 760, and of Licensed Accredited Producers decreased from 67 to 45.

Chemical Composition: Adulteration, etc.

Formal Sampling.

Samples of milk procured formally under the Act numbered 225, of which 68 were submitted to the Public Analyst, who certified 42 to be not genuine by reason of:—

Milk-fat content less than 3%	...	...	17
Solids-not-fat of less than 8.5%	...	...	13
Both milk-fat and solids-not-fat below standard	...		12

In all, 10 samples were considered to contain added water. Legal proceedings were instituted in four instances, particulars of which are summarised below:—

<i>Sample No.</i>	<i>Nature of Adulteration.</i>	<i>Result of Action.</i>
F.35	12.6% added water	Fined £5.
F.59	41.6% fat deficiency	Fined £5.
G.57	9.9% added water	Fined £10 on each.
G.58	9.4% added water	
G.64	4.5% added water	
G.65	6.6% added water	Fined £15.

In all other cases the vendors were warned, and in many instances producers were advised to contact the National Agricultural Advisory Service with a view to improving the quality of milk produced.

Informal Sampling.

Samples of milk procured and tested by the Sampling Officers numbered 483; of these 90 were unsatisfactory, there being:—

39 milks naturally low in solids and/or fats;

51 duplicates of those reported not genuine by the Public Analyst.

Biological Examination of Milk.

Milk samples procured for biological examination during the year numbered 400; of these, 34 were found to be unsatisfactory, details of which are given below:—

	<i>Non-</i>		<i>Tuberculin</i>	
	<i>designated.</i>	<i>Accredited.</i>	<i>Tested.</i>	<i>Total.</i>
No. found to contain tubercle bacilli ...	8	—	1	9
No. found to contain brucella organisms ...	9	5	11	25

Tuberculosis Order, 1938.

The following figures relate to the number of cows slaughtered under the Order during the year, and are supplied by the Ministry of Agriculture and Fisheries:—

Chronic cough and definite clinical signs	...	...	1
Tuberculosis with emaciation	...	...	—
Tuberculosis of the udder or excreting tubercle bacilli	...	...	8

Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.

Dealer's (Pasteuriser's) Licences.

The 8 licences in force at the beginning of the year were renewed. 5 were in respect of holder apparatus and 3 of H.T.S.T.

Supervision continued by inspection of premises and plant, bacteriological examination of apparatus and bottles, and sampling of the pasteurised milk, both at the processing dairy and immediately before sale to the purchaser.

The failures to pass the prescribed tests were distributed between 5 only of the dairies as follows:—

<i>Dairy.</i>	<i>Type of Plant.</i>	<i>No. of samples failed.</i>	
		<i>Phosphatase</i>	<i>Methylene Blue</i>
A.H.D.	Preheater and Holder	4	1
B.C.D.	H.T.S.T.	1	—
C.F.D.	Holder	3	—
H.F.D.	Holder	2	—
S.D.	Holder	1	—

Summary of results of tests on samples of pasteurised milk taken during the year.

<i>Class of Milk.</i>	<i>Test.</i>	<i>No. of Samples</i>	
		<i>Passed</i>	<i>Failed</i>
Pasteurised	Phosphatase	250	7
	Methylene Blue	244	1
Tuberculin Tested (Pasteurised)	Phosphatase	108	4
	Methylene Blue	106	—

Provision of Milk for School Children.

A full report is contained in my report as School Medical Officer for the year. There are still two schools in the county receiving non-designated milk.

PREVALENCE OF, AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

TABLE XXI.

Notifications of Infectious Diseases.

Infectious Disease.	Number of cases notified	Number of deaths.
Scarlet Fever	327	—
Whooping Cough	519	—
Poliomyelitis—paralytic	3	1
do. —non-paralytic	8	—
Measles	2,665	—
Diphtheria	—	—
Pneumonia	118	75
Dysentery	17	—
Smallpox	—	—
Encephalitis—infected and post infective	1	—
Enteric or typhoid fever	—	—
Paratyphoid fever	2	—
Erysipelas	24	—
Meningococcal infection	6	—
Food poisoning	18	—
Puerperal pyrexia	54	—
Ophthalmia neonatorum	1	—
Infective hepatitis	15	—
Malaria	5	—

VI

EPILEPTICS AND SPASTICS.

Such information as is available as to the incidence of epilepsy and cerebral palsy is limited (i) in particular to children of school age who have been ascertained as handicapped pupils and (ii) others whose names have been included in the register of handicapped persons being compiled under the Council's welfare schemes, which had been prepared in accordance with Ministry of Health Circular 32/51.

(a) Epilepsy.

(i) With regard to children of school age, 5 have been formally ascertained as handicapped pupils suffering from epilepsy; 4 of these are in special schools and the fifth was awaiting admission.

There are a number of other children of school age, of whom no special record has been kept, who are suffering from epilepsy in various degrees. These children, who are under medical treatment by their own doctors, are able to take full advantage of the education available at ordinary schools and therefore have not been formally ascertained.

(ii) To date, persons other than school children registered as handicapped in this category number 14. Of these, nine are in epileptic homes or colonies, and contact is maintained with those remaining at home through the Council's welfare officers, who in appropriate cases give assistance in pastime occupational therapy, or otherwise.

(b) Spastics.

(i) Twelve children are known to the authority as spastics, and these are either in orthopaedic hospital or unit (2); awaiting admission to special

residential schools (4); receiving special education in ordinary schools (2); receiving speech therapy treatment at ordinary schools (2); or attending orthopaedic out-patient clinics(2).

(ii) Only 12 persons in this category other than school children have been added to the register of handicapped persons. As applies also to epilepsy, the Council's welfare officers were in the course of co-ordinating their work under the scheme for assistance to other handicapped persons with their other duties, and only limited experience had been gained of this branch of their work.

There is good co-operation between the Council and the Disablement Resettlement Service of the Ministry of Labour and National Service. Each case coming to the notice of the Disablement Resettlement Officer is reported to the authority and follow-up action is taken.

VII.

BLIND PERSONS.

(a) Retrolental Fibroplasia in Premature Infants.

Among those children notified as premature, 36 weighing 4 lbs. 6 ozs. or less and surviving more than 2 months were the subject of special enquiry as to the incidence of retrolental fibroplasia. In each case, however, vision remained unimpaired.

(b) Ophthalmia Neonatorum.

One case of ophthalmia neonatorum was notified during the year, but recovery was effected with no impairment of vision.

(c) Registered Blind and Partially-sighted Persons.

	Cause of Disability.			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
Number of cases registered during the year in respect of which para. 7(c) of Forms B.D.8 recommends:—				
(a) No treatment ...	22	—	—	39
(b) Treatment (medical, surgical or optical)	11	—	—	22
Number of cases at (b) above which on follow-up action have received treatment ...	6	—	—	22

It will be seen that of 94 patients registered during the year, in no case was glaucoma or retrolental fibroplasia a contributory cause of disability. The five persons who did not receive treatment recommended for cataract either refused such treatment or were considered—for medical reasons—too old to benefit thereby.

EAST SUFFOLK COUNTY COUNCIL



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HEALTH DEPARTMENT
COUNTY HALL
IPSWICH

